

**Provider Roster**

LIC 446-13 (Rev 05/08)

**Producer Licensing - Education Unit**

320 CAPITOL MALL  
 SACRAMENTO, CA 95814-4309  
 Information (916) 492-3064  
 www.insurance.ca.gov

Important: This form must be submitted to the Department within **30 days** following the completion of the course.

**Late rosters may not be accepted.**Pre-licensing Course: ☐Continuing Education Course: ☐Contact course: ☐Non-Contact course: ☐ *\*(marked items not required for non-contact courses)*

Provider ID #: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Course ID #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Course Name: \_\_\_\_\_

\*Course Start Date: \_\_\_\_\_ \*Beginning Time: \_\_\_\_\_ \*End Time: \_\_\_\_\_ Completion Date: \_\_\_\_\_

(\*Military time (i.e. 1300 = 1:00 P.M.))

\*Class location: \_\_\_\_\_, \_\_\_\_\_  
 Street Address Suite/Room

City

State

Zip Code

The Department requests disclosure of a student's social security number pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.4, 1749.5, 1749.7, and California Code of Regulations, Title 10, Chapter 5, Section 2188.6(b)(1). This information is requested so that the Department can properly identify and assign credit to students who have completed prelicensing or continuing education courses. While a student's disclosure of his or her social security number here is not mandatory, any failure to provide this information may delay or otherwise impede the Department in assigning credit for the completion of such courses to the appropriate students.

**ALL ENTRIES MUST BE TYPED.**

#	Social Security Number	Licensee Name: Last	First	M.I.	Individual License #
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Please use backside for additional names.

**Certification**

I have reviewed this Provider Roster and the associated Course Attendance Records or examination information and certify to the best of my knowledge that the individuals listed here meet the requirements for credit.

\_\_\_\_\_  
 Original signature of Provider Director Date Telephone

\_\_\_\_\_  
 Printed Name of Provider Director

PROVIDER ROSTER (continued)

All entries must be typed.

#	Social Security Number	Licensee Name: Last, First M.I.	Individual License #
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